

OCT 27 2005

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From: JAMES HERDENBACH
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OCT. 27th, 2005

THIS IS THE FIRST OF TWO FAXES.

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PTO/SB/02 (04-05)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
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Application Number	10/705,651
Filing Date	11/10/2003
First Named Inventor	HIGGINS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	286949-123451 X

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

None

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I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZYBIX, INC.		
Address	ATTN: LINDA HIGGINS P.O. BOX 8471		
City	SACRAMENTO	State	MA
Country	U.S.A.		
Telephone	(781) 639-1170	Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Linda S. Higgins</u>		
Name	LINDA S. HIGGINS		
Date	(781) 639-1170	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/705,651
Filing Date	11/10/2003
First Named Inventor	HIBBS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL S. HOLMES
Attorney Docket Number	285969-1250ST-X

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

None

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZYXIBIX, INC.		
Address	ATTN: LINDA HIBBINS P.O. BOX 8471		
City	Salem	State	MA
Country	U.S.A.		
Telephone	(781) 639-1170	Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	James R. Heidenreich		
Name	JAMES R. HEIDENREICH		
Date	Oct 27 th , 2005	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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